

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/937480** FILING DATE **26 SEP 2001**

APPLICANT(S) *Matsunaga*

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2				/		
3				/		
4				/		
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47				/		
48				/		
49				/		
50				/		
TOTAL IND.			4			
TOTAL DEP.			46			
TOTAL CLAIMS			50			

  

	* IND.		* DEP.		* IND.		* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/						
52		/						
53		/						
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99								
100								
TOTAL IND.			1					
TOTAL DEP.			14					
TOTAL CLAIMS			15					